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MS Amendment US Patent and Trademark Office	(571) 273-8300	

FROM: Michael R. Ward DATE: June 5, 2006
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Number of pages with cover page:	15
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Re: U.S. Patent Application Serial No. 10/519,121
For: METHODS FOR MEASURING RATES OF REVERSE CHOLESTEROL
TRANSPORT IN VIVO, AS AN INDEX OF ANTI-ATHEROGENESIS
By: Marc K. HELLERSTEIN
Art Unit: 1638
Examiner: C. Collins
Our Reference: 416272003900

Attachments:

1. Transmittal - 1 page
2. Fee Transmittal, in duplicate for fee processing - 2 pages
3. Response to Restriction Requirement - 10 pages
4. Petition for Extension of Time, 1-month - 1 page

Comments:

Please see attached documents. Thank you.

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PTO/SB/21 (08-04)

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TRANSMITTAL FORM

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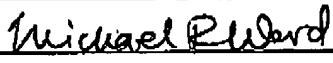
14

Application Number	10/519,121
Filing Date	September 15, 2003 (PCT/US03/29361)
First Named Inventor	Marc K. HELLERSTEIN
Art Unit	1638
Examiner Name	C. Collins
Total Number of Pages in This Submission	14
Attorney Docket Number	416272003900

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form, in duplicate for fee processing (2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (10 pages)	<input checked="" type="checkbox"/> Petition, 1-month extension (1 page)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Facsimile cover sheet, not included with this page count.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP- Customer No. 20872		
Signature			
Printed name	Michael R. Ward		
Date	June 5, 2006	Reg. No.	38,651

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-5300, on the date shown below.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/519,121
		Filing Date	September 15, 2003 (PCT/US03/29361)
		First Named Inventor	Marc K. HELLERSTEIN
		Examiner Name	C. Collins
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1638
TOTAL AMOUNT OF PAYMENT (\$)		(\$)	
TOTAL AMOUNT OF PAYMENT (\$)		60.00	
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. 416272003900	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1982 Deposit Account Name: Morrison & Foerster LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
13	- 20 =	x	= 0.00			
1	- 3 =	x	= 0.00			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within first month

60.00

SUBMITTED BY		Registration No. (Attorney/Agent)	38,651	Telephone	(415) 268-6237
Signature	<i>Michael R. Ward</i>			Date 6/05/06	
Name (Print/Type)	Michael R. Ward				

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